

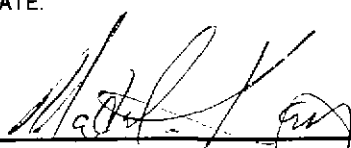



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C010984

OFFICE USE ONLY

pm **LT**

STATEMENT DATE 12/04/2008		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 3, 18a,b,c,d,e	
3. FULL NAME OF COMMITTEE Elect Cynthia Davis					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1008 Highway K CITY / STATE / ZIP: O' Fallon, MO 63366				5. TELEPHONE NUMBER (636)240-6369	
6. TREASURER'S NAME Madolena Key					
7. TREASURER'S MAILING ADDRESS ADDRESS: 94 Sunfish Drive CITY / STATE / ZIP: Defiance, MO 63341				8. TELEPHONE NUMBER HOME: (636)398-5483 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Bernie Davis					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1009 Highway K CITY / STATE / ZIP: O' Fallon, MO				11. TELEPHONE NUMBER HOME: (636)240-6369 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
AMENDMENT					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. PARTY Cynthia Davis 1008 Highway K, O' Fallon, MO 63366 (636) 240-6369 Republican					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE Cynthia Davis Primary 2010 Statewide State of Missouri <input checked="" type="checkbox"/> <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  CANDIDATE'S SIGNATURE		